



ONEONTA MONTESSORI SCHOOL
Field Trip/Medical Authorization Form



Student's Name

Your child may have an opportunity to participate in nature walks and field trips during the school year/summer camp which involves leaving the school campus. Parent authorization is required for transportation and any medical emergencies that may arise.

As a condition of participation, you are requested to sign the following authorizations:

TRANSPORTATION AUTHORIZATION

On fieldtrips, it is anticipated that transportation will be provided by chartered vehicles or privately owned vehicles. All humanly possible protective care and precaution for the safety and welfare of the children will be taken on the trip by ONEONTA MONTESSORI SCHOOL.

MEDICAL AUTHORIZATION

In the event of illness or injury, I do hereby consent to x-rays, examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing such medical or dental services.

Signature of parent or guardian Date

- 1. Please identify all medications used by your child on a regular basis.
2. If your child has any special medical needs, please describe:

Mother's Name Home phone # Work phone # Cell phone #
Father's Name Home phone # Work phone # Cell phone #
Student's Date of Birth Health Insurance Company Policy Number
Signature of Parent/Guardian Date Revised 7/1/18